

# California Department of Public Health

Radiologic Health Branch  
Radioactive Materials Licensing Section

## **Application for Radioactive Materials 'Provisional' Industrial Radiographer Certificate**

**Instructions:** Complete *all* sections. Mail the original to the address below. Give copy to the trainee and keep a copy for records. ***Incomplete or incorrect forms will not be accepted***

**Note: Provisional Certification is only valid in California and is not valid in locations under exclusive Federal jurisdiction in California and Agreement States.**

### **Personal Information**

Applicant's Legal  
Name:

*First*

*Last*

*M.I.*

Address:

*Street Address*

*City*

*State*

*ZIP Code*

Telephone #:

Social Security Number:

**If name is listed on a Radioactive Materials License**, provide the license number:

Pursuant to the authority found in Section 114870 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number is mandatory. The social security number will be used for purposes of identification. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes. For information or access to your records, contact the California Department of Public Health, Radiologic Health Branch (CDPH-RHB), MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

**If name is not listed on a Radioactive Materials License**, provide license #, name of licensee, and a letter from the licensee, signed by RSO, verifying the following:

- 1) Has passed the 40 hrs course (submit copy of certificate of completion)
- 2) Has participated in at least 200 hrs of radiography operations (see Title 17, Section 30335.4 (a)(1)(B) for clarification).
- 3) Submit a letter sign by the RSO verifying you have demonstrated the capability of working independently as a radiographer.

Please remit a \$75.00 nonrefundable application fee in the form of a check or money order payable to **CDPH-RHB**.

### **Certification**

I hereby certify the information provided with this application is true and correct. I understand that California Department of Public Health may cancel certificates that are procured by fraud, misrepresentation, or mistakes, and maybe revoked.

\_\_\_\_\_  
*Signature of Trainee Applicant*

\_\_\_\_\_  
*Signature of Radiation Safety Officer (RSO)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed or Typed Name of RSO*

**Mail to:**

Express/Overnight Mailing Address:

Radiologic Health Branch  
Industrial Licensing Unit  
1500 Capitol Ave, 5<sup>th</sup> Floor, MS 7610  
Sacramento, CA 95814-5006

Mailing Address:

Radiologic Health Branch  
Industrial Licensing Unit  
Mail Station 7610 (MS 7610)  
P.O. Box 997414  
Sacramento, CA 95899-7414